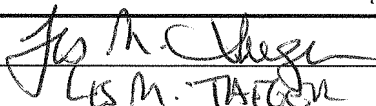


HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY and CHANGE OF CORRESPONDENCE ADDRESS	<i>Application/Patent Number</i>	7,049,294
	<i>Filing/Issue Date</i>	May 23, 2006
	<i>First Named Inventor/Patentee</i>	Darrell H. Carney
	<i>Confirmation Number</i>	2963
	<i>Group Art Unit</i>	1653
	<i>Examiner Name</i>	Robert B. Mondesi
	<i>Attorney Docket Number</i>	3033.1008-008
<i>Title</i>	USE OF THROMBIN-DERIVED PEPTIDES FOR THE THERAPY OF CHRONIC DERMAL ULCERS	
I hereby revoke all previous powers of attorney given in the above-identified application.		
<input type="checkbox"/> I hereby appoint the following practitioner(s): [Not to exceed 10] <hr/>		
OR		
<input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 48329		
Please change the correspondence address for the above-identified application to:		
<input checked="" type="checkbox"/> Customer Number 48329 Foley & Lardner LLP 111 Huntington Avenue Boston, Massachusetts 02199-7610		
<input type="checkbox"/> Other <hr/>		
Please direct all telephone calls and facsimiles to:		
Name <u>Steven G. Davis, Esq.</u> Tel. No. <u>(617) 342-4000</u> Fax No. <u>(617) 342-4001</u>		
I am the:		
<input type="checkbox"/> Applicant/Inventor.		
<input checked="" type="checkbox"/> Authorized representative of the Assignee, Capstone Therapeutics, Formerly known as Orthologic Corp., of the entire interest. See 37 CFR § 3.71. A Statement under 37 CFR § 3.73(b) is enclosed.		
<input type="checkbox"/> Authorized representative of the Assignee, [FILL IN WITH NAME OF ASSIGNEE], together with [FILL IN WITH NAME OF ASSIGNEE], of the entire interest. A Statement under 37 CFR § 3.73(b) is enclosed.		
SIGNATURE of Applicant or Assignee of Record		
Signature		
Name & Title	L.S.M. TAIGER CFO	
Date	7-13-2009	